CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

- Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.

•	where the hearing took place, with a copy of the form directed to the	ap	otne CaiFresh Policy analyst as propriate CalFresh Bureau unit	signed responsibility to the county manager.
1.	RESPONSE NEEDED DUE TO:	5.	DATE OF REQUEST:	NEED RESPONSE BY:
	✓ Policy/Regulation Interpretation		June 10, 2015	ASAP
	□ QC	6.	COUNTY/ORGANIZATION:	
	☐ Fair Hearing		Santa Cruz County	
	Other:	7.	SUBJECT:	
	— Juliei.	Recertification notice requirements		
2.	REQUESTOR NAME:	8.	REFERENCES: (Include ACL/ACIN, of NOTE: All requests must have a reg	
3.	PHONE NO.:			
4.	REGULATION CITE(S):			
	MPP 63-504.266(i), MPP 63-504.61(d)(3)			
9.	QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):			
	If a participant completes only part of the renewal process (consults submit requested verifications or completes interview but does required other than the NEC? If so, is it a denial or termination	s n	ot sign statement of facts), is	

REQUESTOR'S PROPOSED ANSWER:

No, the NEC informs the client of a discontinuance for failure to comply with the RRR process (complete interview, signed statement of facts and submittal of requested verification) and no other NOA needs to be sent.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

State concurs with proposed response.

FOR CDSS USE				
DATE RECEIVED:	DATE RESPONDED TO COUNTY/ALJ:			
	7.24.15 JR			